									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 291923												258.	3	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							-	SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	Π	FEE		RATE	FEE	
FOR			NUMBER F	ILED	NUMBER EXTRA			BASIC FEE 3		370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			min	us 20=	•			X\$ 9=			OR	X\$18=		
IND	EPENDENT CL	AIMS	mir	nus 3 =	<u> </u>			X42=			OR	X84=		
ΜU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL			OR	TOTAL		
RCE CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							<u>.</u>	SMAL	.L E	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING -AFTER AMENDMENT		HIGH NUM PREVII PAID	IBER OUSLY	PRESENT EXTRA	RATE			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 53	Minus	** 5.	3	=		X\$ 9:	-		OR	X\$18=		
	Independent	+ 4	Minus 444 4		7	= /		X42=			OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140:	= .		OR	+280=		
								TOT ADDIT, F		-	OR	TOTAL ADDIT. FEE		
-8-	9-05	(Column 1)			mn 2)	(Column 3)	_							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA	ig	RATE	-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 53	Minus	++ 5	<u> 3</u>	=		X\$ 9:	=		OR	X\$18=		
	Independent	* 4	Minus	SAN S	CLAIM	= /	┨	X42=			OR	X84=		
L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=	•	OR	+280=		
!								TOT ADDIT. F			OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	aa		=		X\$ 9:	=		OR	X\$18=		
	Independent	*	Minus	***	T CL AIR	<u> -</u>	┨╏	X42=			OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140:	=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT, FEE		
•	If the "Hinhest Nu	Imber Previously P inber Previously Pa	aid For IN THI	S SPACE	is less tha	an 3, enter "3."		-		ropriate bo	x in co			

FORM PTO-875 (Rev. 8/01)

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